| DMV Technician: Keith                               | Tabor                         | Positio    | n:1 or    | 2   |      |
|---|-------------------------------|------------|-----------|-----|------|
| Station:  | Date: //- 13-/                | 3 Time:    |           |     |      |
| Vehicle Make: Jeep                                  | Date: //- 13-/<br>Model 4/62/ | +          | Year 2209 |     |      |
| GVWR: Fuel Type: 6 Registration N                   |                               | umber      | 5/29      | 146 |      |
| Auditor: Green Covert Over                          |                               |            |           |     |      |
|   |                               |            | 1 * ***** | NIO | 2711 |
| 1.0:1:  | 1 1 10 10 1                   | mr 1 0     | YES       | NO  | N/A  |
| 1. Did technician check vehicle p                   |                               | IN number? | 1         |     |      |
| 2. Was Emissions testing required                   |                               |            | V         |     |      |
| a) Was Emissions testing perform                    |                               |            |           |     |      |
| b) Was Emissions testing perform                    |                               | robe?      | V         |     |      |
| c) Was Emissions testing perform                    |                               |            |           |     |      |
| d) Was Emissions testing perform                    |                               |            |           |     |      |
| 3. Was Catalytic Converter insp                     |                               |            |           |     |      |
| <ul> <li>a) Was Catalytic Converter insp</li> </ul> |                               |            |           |     |      |
| 4. Was Fuel Tank pressure testing                   |                               |            |           |     |      |
| a) Was Fuel Tank pressure testing                   | ng performed?                 |            |           |     |      |
| 5. Was Fuel Cap pressure testing                    | required?                     |            |           |     |      |
| a) Was Fuel Cap pressure testing                    | g performed?                  |            |           |     |      |
| 6. Is this test a Re-check from a p                 | rior failure?                 |            |           |     |      |
| a) Which re-check test is being                     | performed? 1 2 3 (ci          | rcle one)  |           |     |      |
| b) If this is re-check #3, was rep                  |                               |            |           |     |      |
| •   |                               |            |           |     |      |
| New Castle and Kent Counties (                      | Only                          |            |           |     |      |
| 7. Was Two-Speed Idle testing red                   |                               |            |           |     |      |
| a) Was Two-Speed Idle testing p                     |                               |            |           |     |      |
| 7   |                               |            |           |     |      |
| Sussex County Only                                  |                               |            |           |     |      |
| 8. Was Curb Idle testing required                   | ?                             |            | V         |     |      |
| a) Was Curb Idle testing perform                    |                               |            | /         |     |      |
| a) was care rate testing perion.                    |                               |            |           |     |      |
| Comment: Safety oo                                  |                               |            |           |     |      |
| every fev   |                               |            |           |     |      |
|   |                               |            |           |     |      |
|   |                               |            |           | _   |      |
|   |                               |            |           |     |      |
|   |                               |            |           |     |      |
|   |                               |            |           |     |      |

| DMV Technician: Dave Fleming  | Positio | n: Tor        | 2    |       |
|---|---------|---------------|------|-------|
| Station: 650 Date: 11-13-13   | Time:   |               |      |       |
| Vehicle Make: And; Model A-4  |         | Year 2005     |      |       |
| GVWR: Fuel Type: 6, Registra  |         | Number: 47057 |      | 57    |
| Auditor: Gress Covert Overt (circle on  |         |               | one) |       |
|   |         | YES           | NO   | N/A   |
| 1. Did technician check vehicle paper work and verify VIN num                     | her?    | V             | NO   | 14/74 |
| 2. Was Emissions testing required?  | ioci:   | V             |      |       |
| a) Was Emissions testing required:  a) Was Emissions testing performed using OBD? |         |               |      |       |
| b) Was Emissions testing performed using Analyzer Probe?                          |         | /             |      |       |
| c) Was Emissions testing performed using Paddle(s)?                               |         |               |      |       |
| d) Was Emissions testing performed using Clip?                                    |         |               |      |       |
| 3. Was Catalytic Converter inspection required?                                   |         |               |      |       |
| a) Was Catalytic Converter inspection performed?                                  |         |               |      |       |
| 4. Was Fuel Tank pressure testing required?                                       |         |               |      |       |
| a) Was Fuel Tank pressure testing performed?                                      |         |               | -    |       |
| 5. Was Fuel Cap pressure testing required?  |         |               |      |       |
| a) Was Fuel Cap pressure testing performed?                                       |         |               |      |       |
| 6. Is this test a <b>Re-check</b> from a prior failure?                           |         |               |      |       |
| a) Which re-check test is being performed? 1 2 3 (circle one                      | e)      |               |      | -     |
| b) If this is re-check #3, was repair paperwork verified for wai                  |         |               |      |       |
| of it this is to effect with was repair paper work verified for was               | 101.    |               | -    |       |
| New Castle and Kent Counties Only   |         |               |      |       |
| 7. Was Two-Speed Idle testing required?   |         | -             |      |       |
| a) Was Two-Speed Idle testing performed?  |         |               | 7    |       |
|   |         |               |      |       |
| Sussex County Only  |         |               | -    |       |
| 8. Was Curb Idle testing required?  |         | V             |      |       |
| a) Was Curb Idle testing performed?   |         | V             |      |       |
| Comment: Safety too   |         |               |      |       |
|   |         |               |      | _     |
|   |         |               |      |       |
|   |         |               |      |       |
|   |         |               |      |       |

|  | Position: 1 or 2 |     |     |
|--|------------------|-----|-----|
| Station: GEO Date: //-/3-/3 Time                                     | :                |     |     |
| Vehicle Make: Hande Model Odicsey                                    | Year 2007        |     |     |
| GVWR: - Fuel Type: G Registration N                                  | <b>lumber</b>    | 451 | 215 |
| Auditor: Gryese Covert / Over  | ert (circle one) |     |     |
|  |                  |     |     |
|  | YES              | NO  | N/A |
| 1. Did technician check vehicle paper work and verify VIN number?    |                  |     |     |
| 2. Was Emissions testing required?                                   | V                |     |     |
| a) Was Emissions testing performed using OBD?                        |                  |     |     |
| b) Was Emissions testing performed using Analyzer Probe?             | V                |     | 4   |
| c) Was Emissions testing performed using Paddle(s)?                  |                  |     |     |
| d) Was Emissions testing performed using Clip?                       |                  |     |     |
| 3. Was Catalytic Converter inspection required?                      |                  |     |     |
| a) Was Catalytic Converter inspection performed?                     |                  |     |     |
| 4. Was Fuel Tank pressure testing required?                          |                  |     |     |
| a) Was Fuel Tank pressure testing performed?                         |                  |     |     |
| 5. Was Fuel Cap pressure testing required?                           |                  |     |     |
| a) Was Fuel Cap pressure testing performed?                          |                  |     |     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                  |     |     |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                  |     |     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                  |     |     |
|  |                  |     |     |
| New Castle and Kent Counties Only                                    |                  |     |     |
| 7. Was Two-Speed Idle testing required?                              |                  |     |     |
| a) Was Two-Speed Idle testing performed?                             |                  |     |     |
|  |                  |     |     |
| Sussex County Only   |                  |     |     |
| 8. Was Curb Idle testing required?                                   |                  |     |     |
| a) Was Curb Idle testing performed?                                  | ~                |     |     |
| C.I  | -                |     |     |
| Comment: Safety too  |                  |     |     |
|  |                  |     |     |
|  |                  |     |     |
|  |                  |     |     |
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|  |                  |     |     |

| DMV Technician: Tyrone Hardy Po                                    | Position: 1 or 2 |        |     |
|--|------------------|--------|-----|
| Station: Geo Date: //-/3-/3 T                                      | ime:             |        |     |
| Vehicle Make: Ford Model Carrer                                    | Year 1999        |        |     |
| GVWR: - Fuel Type: G Registration                                  | on Number        | :992   | 89  |
| Auditor: Green Covert / C  | vert (circle     | e one) |     |
|  |                  |        |     |
|  | YES              | NO     | N/A |
| 1. Did technician check vehicle paper work and verify VIN number   | er?              |        |     |
| 2. Was Emissions testing required?                                 | V                |        |     |
| a) Was Emissions testing performed using OBD?                      |                  |        |     |
| b) Was Emissions testing performed using Analyzer Probe?           | ~                |        | , y |
| c) Was Emissions testing performed using Paddle(s)?                |                  |        |     |
| d) Was Emissions testing performed using Clip?                     |                  |        |     |
| 3. Was Catalytic Converter inspection required?                    |                  | M      |     |
| a) Was Catalytic Converter inspection performed?                   |                  |        |     |
| 4. Was Fuel Tank pressure testing required?                        |                  |        |     |
| a) Was Fuel Tank pressure testing performed?                       |                  |        |     |
| 5. Was Fuel Cap pressure testing required?                         |                  |        |     |
| a) Was Fuel Cap pressure testing performed?                        |                  |        |     |
| 6. Is this test a Re-check from a prior failure?                   |                  |        |     |
| a) Which re-check test is being performed? 1 2 3 (circle one)      |                  |        |     |
| b) If this is re-check #3, was repair paperwork verified for waive | er?              |        |     |
|  |                  |        |     |
| New Castle and Kent Counties Only                                  |                  |        |     |
| 7. Was Two-Speed Idle testing required?                            |                  |        |     |
| a) Was Two-Speed Idle testing performed?                           |                  |        |     |
| 31   |                  |        |     |
| Sussex County Only   |                  |        |     |
| 8. Was Curb Idle testing required?                                 | 2                |        |     |
| a) Was Curb Idle testing performed?                                | V                |        |     |
| , 31   |                  |        |     |
| Comment:   |                  |        |     |
|  |                  |        |     |
|  |                  |        |     |
|  |                  |        |     |
|  |                  |        |     |
|  |                  |        |     |

| DMV Technician: Kevin Horskey Position Station: Geo Date: 11-13-13 Time:  Vehicle Make: Ford Model Ward star Y  GVWR: - Fuel Type: 7 Registration Nur |          | 1996 |     |
|---|----------|------|-----|
| Wehicle Make: Zord Model Ward star Y  GVWR: - Fuel Type: - Registration Num   |          | 1996 |     |
| GVWR: - Fuel Type: - Registration Num   |          | 111  |     |
| 71  | (circle  |      | 800 |
| Auditor: Greek Covert Overt   | (CIL DIC | one) |     |
|   |          |      |     |
|   | YES      | NO   | N/A |
| Did technician check vehicle paper work and verify VIN number?  | 1        |      |     |
| 2. Was Emissions testing required?  | V        |      |     |
| a) Was Emissions testing performed using OBD?   |          |      |     |
| o) was samestone testing performed doing rinary ser 11000.  | V        |      |     |
| c) Was Emissions testing performed using Paddle(s)?   |          |      |     |
| d) Was Emissions testing performed using Clip?  |          |      |     |
| 3. Was Catalytic Converter inspection required?   |          |      |     |
| a) Was Catalytic Converter inspection performed?  |          |      |     |
| 4. Was Fuel Tank pressure testing required?   |          |      |     |
| a) Was Fuel Tank pressure testing performed?  |          |      |     |
| 5. Was Fuel Cap pressure testing required?  |          |      |     |
| a) Was Fuel Cap pressure testing performed?   |          |      |     |
| 6. Is this test a <b>Re-check</b> from a prior failure?   |          |      |     |
| a) Which re-check test is being performed? 1 2 3 (circle one)   |          |      |     |
| b) If this is re-check #3, was repair paperwork verified for waiver?  |          |      |     |
|   |          |      |     |
| New Castle and Kent Counties Only   |          |      |     |
| 7. Was Two-Speed Idle testing required?   |          |      |     |
| a) Was Two-Speed Idle testing performed?  |          |      |     |
|   |          |      |     |
| Sussex County Only  |          |      |     |
| 9 Was Cook Idla testing against 19  | /        |      |     |
| a) Was Curb Idle testing performed?   |          |      |     |
|   |          |      |     |
| Comment: Seleky for   |          |      |     |
|   |          |      |     |
|   |          |      |     |
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|   |          |      |     |
|   |          |      |     |